

OFFICE USE ONLY

Cash

Credit

TOTAL: \$ _____

Check # _____



Limestone County Fair Association



2022-2023 MEMBERSHIP

Current Lifetime Member **New Lifetime Member** **Annual Member**

GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

EXHIBITOR'S FULL NAME	SCHOOL	GRADE	AGE (at time of show)	4-H OR FFA CLUB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEMBERSHIP FEE = \$10.00 PER FAMILY or \$100.00 LIFETIME

OFFICE USE ONLY – Please check off each form for individual exhibitor

Exhibitor

- 1. 18 & up Waiver Under 18 Waiver Drug Policy
- 2. 18 & up Waiver Under 18 Waiver Drug Policy
- 3. 18 & up Waiver Under 18 Waiver Drug Policy
- 4. 18 & up Waiver Under 18 Waiver Drug Policy
- 5. 18 & up Waiver Under 18 Waiver Drug Policy

- 6. 18 & up Waiver Under 18 Waiver Drug Policy
- 7. 18 & up Waiver Under 18 Waiver Drug Policy
- 8. 18 & up Waiver Under 18 Waiver Drug Policy
- 9. 18 & up Waiver Under 18 Waiver Drug Policy
- 10. 18 & up Waiver Under 18 Waiver Drug Policy